

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010089

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 446 Primary Registration District No. 4065 Registrar's No. 19

STATE FILE NUMBER

FILED APR 2 1962

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polo</u>		Length of stay in 1b	c. CITY OR TOWN <u>Polo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Polo</u>
			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Fredricks</u> Middle <u>Albert</u> Last <u>Holman</u>			4. DATE OF DEATH Month <u>3</u> Day <u>12</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-16-1887</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Recreation Hall</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Lawson Mo</u>	
12. CITIZEN OF WHAT COUNTRY					

13a. FATHER'S NAME <u>F. M. Holman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Andrews</u>		14. NAME OF HUSBAND OR WIFE <u>Maud Holman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>43</u>		17. INFORMANT <u>Mrs Maud Holman Polo Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Koronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>Indef</u>
DUE TO (c) <u>Seribity</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Hamilton Mo</u>	

21. I attended the deceased from <u>June 1956</u> to <u>3/12/62</u> and last saw him alive on <u>3/12/62</u>	
Death occurred at <u>Edgewood</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>Alvin P. Reith</u> (Degree or title) <u>DO</u>		22b. ADDRESS <u>Hamilton Mo</u>		22c. DATE SIGNED <u>3/17/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-15-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zimmerman</u>		23d. LOCATION (City, town, or county) (State) <u>1 1/2 mi. S. of Polo Mo</u>	

24. FUNERAL DIRECTOR <u>Alsbaugh & Cowley Polo Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 29-62</u>		26. REGISTRAR'S SIGNATURE <u>Lady Jones</u>	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/5901302013034 05 167 08 294201101112 90-213 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce L. Howland

Licensed Embalmer No. 4924

P. O. Address Colo, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.